

EXHIBIT G

Proposal Summary Form- RFP 21P3-011

ORGANIZATION									
ADDRESS									
PHONE		EMAIL							
NAME OF CEO		URL							
YEAR INCORPORATED		NUMBER OF EMPLOYEES							
TYPE OF ORGANIZATION	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">US Government Entity</td> <td style="width: 50%; border: none;">For profit organization</td> </tr> <tr> <td style="border: none;">Non-profit organization</td> <td style="border: none;">University</td> </tr> <tr> <td style="border: none;">Foundation</td> <td style="border: none;">Other</td> </tr> </table>			US Government Entity	For profit organization	Non-profit organization	University	Foundation	Other
US Government Entity	For profit organization								
Non-profit organization	University								
Foundation	Other								

The Proposal Summary Form is a required component of the RFP application. Failure to submit the Proposal Summary Form will result in an incomplete application.

Ensure the Summary Form is consistent with the information you provided in your narrative response. Discrepancies from the Summary Form to the Narrative Response may result in a loss of points.

1. PRINCIPAL SERVICE AREAS

a. SERVICE AREA

Select ONLY 1 service area that best aligns to the service being prosed in the RFP response.

	Thinking, Behavior and Identity; Life Skills; and/or Pro-Social Activities
	Re-Entry Support, Community Support and Transition Planning; Navigation; and/or Family Engagement and Increased Family Involvement
	Education and Employment

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b. SPECIFIC SERVICES

NAME OF SERVICE MODEL OR CURRICULUM	
LOCATION OF SERVICES	
KEY INTERVENTION(S)	
EBP EXPECTED LENGTH OF CURRICULUM OR SERVICE TO COMPLETE (NUMBER OF WEEKS, SESSIONS, LESSONS, ETC.)	
EBP AVERAGE SERVICE INTENSITY/DOSAGE PER INDIVIDUAL TO COMPLETE	
EXPECTED NUMBER TO INDIVIDUALS TO BE SERVED	
UNIT COST	
TOTAL COSTS	

c. PERFORMANCE OUTCOME MEASURES

Propose specific **performance outcome measures** that will be collected to substantiate client outcomes related to the service proposed and reduced risk of recidivism. These should be quantifiable and based on validated pre/post assessment tools and protocols. Based on the type of service these outcome measures should specify the number and percent of program participants that will achieve benchmark criteria for success.

EXPECTED OUTCOME	
EXPECTED OUTCOME	

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2. EVIDENCE BASED PRACTICES (EBP)

IDENTIFY THE CLEARINGHOUSE AND RATING OF THE PROPOSED SERVICE	<input type="checkbox"/> Model <input type="checkbox"/> Promising <input type="checkbox"/> Innovative Clearinghouse:
IDENTIFY THE EVIDENCE BASED SERVICE OR CURRICULUM TO BE USED	
IDENTIFY THE NUMBER OF STAFF CURRENTLY TRAINED AND/OR CERTIFIED IN THE PROPOSED EBP	
WILL THERE BE ADAPTATIONS TO FIDELITY? <i>(If Yes- MUST describe in your narrative response.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS TRAINING OR TECHNICAL ASSISTANCE REQUIRED TO IMPLEMENT THE PROPOSED SERVICE? <i>(If Yes- MUST describe in your narrative response.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NO EBP <i>(If No published curriculum or practices are to be used in the delivery of services, must describe plan for ensuring service equity, quality, integrity consistency, and impact in your narrative response.)</i>	NO EBP <input type="checkbox"/>

3. MULTI-DISCIPLINARY COLLABORATION

DOES THE PROPOSED SERVICE ALIGN WITH PROBATION’S STRATEGIC FRAMEWORK, SERVICE DELIVERY AND CASE MANAGEMENT MODEL AS DESCRIBED IN THIS RFP? <i>(If No- MUST describe in your narrative response.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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4. MATCHING RESOURCES

AMOUNT AND SOURCE OF MATCH OR LEVERAGED FUNDS	
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5. STATEMENT OF ORGANIZATIONAL QUALIFICATIONS

A. SERVICE HISTORY

SERVICE HISTORY OF SAME OR SIMILAR TO PROPOSED SERVICE (INCLUDE THE SETTING AND LOCATION)	
NUMBER OF YEARS DELIVERING THE SERVICE(S) TO THE TARGET POPULATION	
AMOUNT AND FUNDING SOURCE(S)	
CRIMINAL JUSTICE POPULATION(S) SERVED	
ACTUAL UNDUPLICATED NUMBER OF INDIVIDUALS SERVED IN 12 MONTHS IN SAME OR SIMILAR SERVICE(S)	
DID THE SERVICE(S) ACHIEVE THE EXPECTED OUTCOME(S)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOES YOUR ORGANIZATION HAVE A GOOD HISTORY OF TIMELY SUBMISSION OF PROGRAMMATIC REPORTING?	Yes <input type="checkbox"/> No <input type="checkbox"/>

B. JUSTICE SYSTEM COLLABORATION

DOES YOUR ORGANIZATION HAVE A HISTORY OF SUCCESSFUL COLLABORATION WITH THE PROBATION DEPARTMENT AND OTHER JUSTICE SYSTEM STAKEHOLDERS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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C. RESPONSIVITY

DOES YOUR ORGANIZATION HAVE STRATEGIES TO MAXIMIZE THE INDIVIDUAL'S ABILITY TO LEARN FROM THE INTERVENTION BY TAILORING THE INTERVENTION TO THE LEARNING STYLE, MOTIVATION, ABILITIES AND STRENGTHS OF THE INDIVIDUAL?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOES YOUR ORGANIZATION HAVE A WRITTEN POLICY TO PROVIDE MEANINGFUL ACCESS TO SERVICES AND ACTIVITIES TO A PERSON WHO HAS LIMITED ENGLISH PROFICIENCY (LEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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D. INTERAGENCY COLLABORATION

DOES YOUR ORGANIZATION HAVE A HISTORY OF SUCCESSFUL COLLABORATION WITH LOCAL HUMAN AND HEALTH SERVICE PROVIDERS, EDUCATION, AND/OR OTHER CHILD-SERVING SYSTEMS IN OTHER DOMAINS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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E. STAFF TRAINING

DOES YOUR ORGANIZATION HAVE A STAFF TRAINING PLAN?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HAS YOUR STAFF BEEN TRAINED IN EBP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
WILL YOUR PROGRAM STAFF PARTICIPATE IN PROBATION AND COUNTY TRAININGS AROUND PRACTICES AND EQUITY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HAS THERE BEEN A CHANGE IN YOUR SENIOR MANAGEMENT TEAM IN THE PAST 24 MONTHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE ANY KEY PROGRAM STAFF STARTED WITH THE ORGANIZATION IN THE PAST YEAR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE ALL PROPOSED STAFF POSITIONS FILLED? <i>(If No, list unfilled position(s) in your narrative response)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

F. DATA COLLECTION AND REPORTING CONTINUOUS SERVICE IMPROVEMENT

DOES YOUR ORGANIZATION COLLECT DATA ON SERVICE DELIVERY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOES YOUR ORGANIZATION MEASURE FIDELITY TO EBP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOES YOUR ORGANIZATION MEASURE SERVICE-RELATED IMPACT AND OUTCOMES?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS YOUR ORGANIZATION COMMITTED TO FLEXIBLE SERVICE DELIVERY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS YOUR ORGANIZATION COMMITTED TO CONTINUOUS SERVICE IMPROVEMENT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOES YOUR ORGANIZATION MAINTAIN AN AUTOMATED OR WEB-BASED CASE MANAGEMENT TOOL AND/OR DATA COLLECTION SYSTEM TO TRACK CLIENTS SERVED UNDER THIS PROPOSED PROJECT?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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ORGANIZATIONAL OVERVIEW

As part of this Request for Proposal (RFP), we need some additional information about the operation of your organization, and the proposed services.

Have your annual financial statements been audited by an independent audit firm covering the organizations internal control structure within the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have a financial management system that records the source and application of funds for funded-supported activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can your organization verify that expenditures submitted for reimbursement under this proposal are not also claimed/reimbursed under another separate agreement or funding stream (supplanting)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the organization generate income from this proposed funding? (e.g., registration fees, fundraisers, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the organization have an effective system or procedure for authorization and approval of:	
Travel expenditures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participant or Service expenditures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participant or Service Incentive expenditures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your organization purchased equipment using Government funding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have a history of timely submission of financial invoices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have appropriate insurance documents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have written policies that address discrimination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have written policies that address privacy and confidentiality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have written policies that address conflicts of interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Do you have written policies that address record retention?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you subcontract to perform duties under this proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have a current organizational chart for the department responsible for programmatic oversight of the proposed services? <i>Please include as an attachment.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have an Equal Employment Opportunity Plan (EEO) on file for review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization notify participants that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have written policies or procedures in place for notifying participants how to file complaints alleging discrimination by the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have grievance procedures (for both employees and participants) that incorporate due process standards and provide for prompt and equitable resolution of complaints?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your organization had any findings of discrimination against the organization issued by a federal or state court, or federal or state or county administering agency? <i>If yes, please describe in text box below</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the organization conducts religious activities as part of services, do they:	
Provide services to everyone regardless of religion or religious belief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure participation in religious activities is voluntary for participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure it does not use funds to conduct inherently religious activities (such as prayer, religious instruction, or attempt to convert participants to another religion) and that such activities are kept separate in time or place from funded activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>